

APPLICATION FOR UNITED STATES PATENT

Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Salt of diclofenac with a cyclic organic base and pharmaceutical compositions which contain it

1 described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application Serial No. _____ and amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a). Under Title 35, U.S. Code § 119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:

ITALY n. 22320 A/86 of November 13, 1986

The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

2 If there are no corresponding applications, insert "NONE".

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

Roger W. Parkhurst, Reg. No. 25,177; James A. Oliff, Reg. No. 27,075.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO PARKHURST & OLIFF, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3 Typewritten Full Name of Sole or First Inventor

Antonio

ZIGGIOTTI

Given Name

Middle Initial

Family Name

**4 Inventor's Signature

**5 Date of Signature

Month

Day

Year

6 Residence

VERBA

TICINO

SWITZERLAND (CH)

City

State or Province

Country

7 Citizenship

SWISS

8

Post Office Address

(Insert complete mailing address, including country)

P.O.Box 18 - CH-6903 LUGANO


Switzerland


* This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

** Note to Inventor: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☐

3 Typewritten Full Name of Michele DI SCHIENA
Second Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature 

*5 Date of Signature  10 09 1987
Month Day Year

6 Residence 20080 Cisliano Milano Italy
City State or Province Country

7 Citizenship _____

8 Post Office Address { Via Garibaldi, 17 - 20080 Cisliano (MI) - Italy
(Insert complete mailing address, including country)

3 Typewritten Full Name of _____
Third Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature 

*5 Date of Signature  _____
Month Day Year


6 Residence _____
City State or Province Country

7 Citizenship _____

8 Post Office Address { _____
(Insert complete mailing address, including country)

3 Typewritten Full Name of _____
Fourth Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature 

*5 Date of Signature  _____
Month Day Year

6 Residence _____
City State or Province Country

7 Citizenship _____

8 Post Office Address { _____
(Insert complete mailing address, including country)

3 Typewritten Full Name of _____
Fifth Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature 

*5 Date of Signature  _____
Month Day Year

6 Residence _____
City State or Province Country

7 Citizenship _____

8 Post Office Address { _____
(Insert complete mailing address, including country)

* Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Best Available Copy

1 Applicant or Patentee: ALTERGON S.A.

2 Serial or Patent No.: 22320 A/86

3 Filed or Issued: Nov. 13, 1986

Attorney's
Docket No.:

4 For: Salt of diclofenac with a cyclic organic base and pharmaceutical compositions which contain it

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN**



I hereby declare that I am

5 ☐ the owner of the small business concern identified below:

6 ☒ an official of the small business concern empowered to act on behalf of the concern identified below:

7 NAME OF CONCERN ALTERGON S.A.

ADDRESS OF CONCERN via Dogana Vecchia 2, Lugano, Switzerland

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties control or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled

4 salt of diclofenac with a cyclic organic base and pharmaceutical compositions by inventor

1 compositions which contain it by inventors A. Ziggiotti and M. Di Schiena described in

☒ the specification filed herewith

2,3 ☐ application serial no. _____, filed _____

2,3 ☐ patent no. _____, issued _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor; who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

8 NAME _____

9 ADDRESS _____

10 ☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

11 NAME _____

12 ADDRESS _____

13 ☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Italo ANELLI

TITLE OF PERSON OTHER THAN OWNER President

ADDRESS OF PERSON SIGNING via ponte Tresa 7, Sorengo (Lugano), Switzerland

SIGNATURE _____

ALTERGON S.A.

DATE Nov. 4, 1987

Best Available Copy

1 Applicant or Patentee: RICERFARMA Srl

2 Serial or Patent No.: 22320 A/86

Attorney's

Docket No.:

3 Filed or Issued: Nov. 13, 1986

4 For: ~~Salt of diclofenac with a cyclic organic base and pharmaceutical compositions which contain it~~VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am

5 ☐ the owner of the small business concern identified below:6 ☒ an official of the small business concern empowered to act on behalf of the concern identified below:

7 NAME OF CONCERN RICERFARMA Srl

ADDRESS OF CONCERN via Moisé Loria 75, Milano, ITALY

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties control or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled

4 ~~Salt of diclofenac with a cyclic organic base and pharmaceutical compositions~~ by inventor

1 compositions which contain it, by inventors A. Ziggiotti, M. Di Schiena described in

2,3 ☒ the specification filed herewith2,3 ☐ application serial no. _____, filed _____2,3 ☐ patent no. _____, issued _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

8 NAME _____

9 ADDRESS _____

10 ☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Michele DI SCHIENA

TITLE OF PERSON OTHER THAN OWNER Member of the Board of Directors

ADDRESS OF PERSON SIGNING via Garibaldi 17, Cislano (MI), ITALY

SIGNATURE

RICERFARMA S.R.L.

DATE Nov. 4, 1987